DOCUMENT RESUME

ED 173 494 UD 019 573

TITLE	Alcohol Abuse Training Relevant to Minority Populations. Handbook: Native Americans.
INSTITUTION	Southern Area Alcohol and Education Training Program, Inc., Atlanta, Ga.
SPONS AGENCY	National Inst. on Alcohol Abuse and Alcoholism (DHEW/PHS), Rockville, Md.
PUB DATE	77
GRANT	3-t21-AA00161-01
NOTE	27p.; For related documents, see UD 019 573-575; Not available in hard copy due to author's restriction
AVAILABLE FROM	Southern Area Alcohol Education and Training Program, Inc., 4875 Powers Ferry Road, N.W., Atlanta, Georgia 30327 ($10.00)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Alcohol Education; *Alcoholism; *American Indians; *Counselor Training; *Cross Cultural Training; *Educational Programs; Program Coordination; Program Development; Sensitivity Training; Social Influences; Sociocultural Patterns; Training Objectives

ABSTRACT

The intent of this manual is to provide counselors with essential background information about alcohol abuse among American Indians and with a practical, workable model for organizing and structuring a training program. The nature and extent of alcohol abuse among American Indians and the particular pattern of drinking behavior observable among them are discussed. A model program for training persons who will be working with American Indian alcoholics and alcohol abusers is outlined. In addition, a modular outline of a general alcohol education program for use in training alcohol abuse counselors is presented. Included is an alcohol awareness test which can be used for pretraining assessment of the trainers' needs and post training evaluation of the effectiveness of the program. A bibliography of pertinent printed materials and a list of available film and audio-visual aids are provided. (Author/EB)

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ED173494

ALCOHOL ABUSE TRAINING

Relevant To Minority Populations

HANDBOOK: NATIVE AMERICAN

Developed for

A Special Training Grant

From Southern Area Alcohol Education and Training Program, Inc.

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ED 019 573

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NATIONAL INSTITUTE OF EDUCATION

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This project is supported by Grant No. 3-t21-AA 00161-01, awarded by the National Institute on Alcohol Abuse and Alcoholism, DHEW. Opinions expressed and conclusions drawn in this publication do not necessarily represent the opinions of the Southern Area Alcohol Education and Training Program, Inc. or the National Institute on Alcohol Abuse and Alcoholism.

PREFACE

This manual has been designed primarily for use by persons employed in alcohol abuse programs who are involved in training others — concerned caregivers, interested citizens, and individuals from other helping professions — to better understand the special problems associated with alcohol abuse among American Indians and to better meet the special needs of this minority population. The intent of the manual is to provide trainers with essential background information about alcohol abuse among American Indians and with a practical, workable model for organizing and structuring a training program.

The manual is in four parts: a general discussion of the nature and extent of alcohol abuse among Indians and the particular patterns of drinking behavior observable among Indians; a modular outline of a model program for training persons who will be working with Indian alcoholics and alcohol abusers; a modular outline of a general alcohol education program for use in training alcohol abuse trainers, including an alcohol awareness test which can be used for pre-training assessment of the trainers' needs and post-training evaluation of the effectiveness of the program; a bibliography of pertinent printed materials and a list of available films and audio-visual aids.

It is hoped that the material in this manual will help trainers to identify the special problems of American Indian alcoholics, to structure a training program which will help prepare trainees to understand and meet those needs, and to recognize the variety of educational resources available to them.

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AMERICAN INDIAN ALCOHOLISM

[*The following is adapted from a paper by Edward P. Dozier, Professor of Anthropology, University of Arizona.*]

Excessive drinking by fairly large proportions of Indian communities is a serious problem, and attempts to find solutions have long occupied the attention of both Indians and non-Indians. The prohibition of liquor by tribal councils on most Indian reservations after repeal of the Federal law is indicative of the Indians' own concern about abuses in drinking. The Indians' attempts to eliminate drinking have also taken more dramatic forms. One of the most important characteristics of American Indian nativistic movements, for example, has been the condemnation of drinking as the most evil and damaging introduction of the White man. Such well-known nativistic and messianic movements as the Handsome Lake Native American Indian Church all emphasize the evils of drinking. Where native aboriginal religion is still strong, as among the Pueblo Indians of New Mexico and Arizona, liquor is strictly forbidden for participants in ceremonial ritual. The individual Indian addicted to drinking has also sought various methods of eliminating the problem; he has immersed himself deeply in native religion, or frequently he has sought a "cure" by becoming a member of various Christian sects. It is thus clear that the Indian, himself, is very much concerned with solving the drinking problem.

Non-Indians have, of course, recognized the problem of excessive drinking among Indians. Indeed, in the mind of the general public, American Indians are frequently thought to have an inherited weakness for liquor. Recognition of the problems of Indian drinking is found in the literature wherever there is any discussion of White contact and interaction with Indians. The seriousness of the problem was made particularly evident in the passage of the Indian Intercourse Act of 1832. Under the provisions of this act, it was illegal to sell or provide liquor to American Indians. The act was not repealed until 1953, but since then some states and local communities have continued to attempt to restrict Indian drinking. Missionary groups on Indian reservations have also focused on the drinking problem, and as we have noted, it is probably because of this emphasis that individual Indians have often been attracted to such religions.

In a recent paper, Omer Stewart (1964) demonstrated by well-documented statistics that the rate of Indian criminality is almost seven times the national average; it is nearly three times that of Blacks and about eight times that of Whites. Indian crimes are overwhelmingly connected with drinking. In a study made in South Dakota (Farber *et. al.* 1957) where the Indian population is only about 5 percent of the total population, it was found that Indians in the state penitentiary comprise 34 percent of all inmates. Most of the crimes for which the Indians were imprisoned were connected with the consumption of alcoholic beverages. In the Southwest, Dr. Stewart's paper shows that criminality rates among Indians correspond to the national pattern and that the overwhelming majority of the crimes were committed under the influence of alcohol (Stewart 1964:63).

Background of Indian Drinking

In order to understand the problem of Indian drinking and propose corrective measures for its solution, the background of Indian drinking must be examined. It is important from the very beginning to point out that at the present time the American Indian is largely a social entity rather than a biological group. A large proportion of the Indian popuiation is part Negro or part Caucasoid. The advantages, however, of being a member of a legally recognized tribe and of being enrolled on reservations are so strong that individuals who can qualify for tribal affiliation usually have themselves enrolled. The importance of recognizing the Indian as primarily a social entity rather than a biological unit is important in dispelling the notion, still held by many people, that Indian drinking is racially connected. While it is true that Indians carry a predominant number of "mongoloid genes," there is no evidence that such genes are responsible for their drinking problems. Indeed, in the paper on Indian criminality referred to above, Stewart noted that in the United States alcohol is connected with arrests of Indians 13 times as frequently as it is with Chinese and Japanese. Since the latter groups are also mongoloid, one might have expected some correlation on alcohol-related offenses between Indians and other orientals. Thus, the groups

most similar from a racial point of view have respectively the highest and lowest rates of crime for all groups in the United States.

The opinions of medical doctors and psychologists also underscore the fact that the Indian is not inherently any more susceptible to intoxication and chronic alcoholism. A statement by Dr. Oskar Dierthelm, professor of psychiatry at Cornell Medical College, is quoted in support of this position; but other medical specialists have come to the same conclusion. Doctor Dierthelm (1955:13), after study of Indian drinking, reports:

> There is no indication from this direct observation that the American Indian is more susceptible to alcohol than the other inhabitants of the United States. The behavior when intoxicated is an accepted uncontrolled behavior and essentially the same as found in other groups of our population, especially the late adolescence. There is no indication that it relates to special constitutional factors. Differences between the reactions of American Indians and other inhabitants of this country seem to depend on sociological and not racial factors.

It is clear then, that the causes of Indian drinking must be sought in historical, social and cultural circumstances. Among all individuals — whether Indian or non-Indian — who drink to excess, there is a background of emotional troubles, frustrations and disappointments. Alcohol under these circumstances serves temporarily to give to the drinker a sense of superiority and confidence; at the same time, liquor dulls his senses and makes him forget the unpleasantness of life. As he becomes a habitual drinker, he begins to retreat more and more from the real world and only some unusual event or circumstance is likely to make him quit drinking and face the realities of life.

Excessive drinking, where it involves rather large numbers of the population, is related to rather acute conditions of poverty and to social and cultural deprivation. It is most prevalent among people who suffer from poor housing, broken homes, discrimination, segregation, lack of education and the like.

Since drinking and criminality is highest among Indians of all groups in the United States, we might ask whether conditions of deprivation are, or have been, more acute among these people? Are there, for example, rather unusual circumstances among Indians which would cause the acute conditions not encountered among other groups? An examination of Indian-White relations through time does seem to give some support to such a hypothesis.

Most American Indian tribes had, by 1850, become sufficiently disorganized in terms of economic, social, political, and religious organization, as well as in values and beliefs, to arrest the attention of health and welfare groups. The roots of Indian deprivation may be attributed to wars, cultural invasion, the arrival of contemptuous settlers, military subordination, loss of land — and the final blow to Indian dignity — placement in Indian reservations and the food ration system. Obviously the most seriously deprived or the most adversely affected by White contact were the warring and hunting tribes. These were the Indians whose economic base was thoroughly destroyed and adjustment to another system had to be made or attempted. The difficulties of adjustment to agricultural life for Indians like the Sioux and the Navaho in Eastern New Mexico are well-known examples. Not only is transition to an agricultural economy fraught with great obstacles anywhere for a nomadic or semi-nomadic people dependent on a different subsistence economy, but it is particularly difficult in the arid West where the complex techniques of irrigation must also be learned. Besides all this, farming was a degrading occupation; historically it was practiced by tribes who had little prestige and who were the object of raids. Moreover, where limited farming existed in the nomadic tribes, it was relegated to the women of the tribe. Men carried out the prestigious roles of warrior and hunter.

In the latter part of the nineteenth century, disorganization was rapidly invading hunting cultures, but the goal of the Indian male leader was still anchored in the past. He perceived himself as a courageous, self-reliant, respected hunter and warrior, admired by friends and enemies alike. But the instrumentalities for realizing this goal were no longer efficient. A man might be a clever and persistent hunter, but he could not easily be a successful one because the game was thin and the Indians had lost most of their lands. The dwindling of the hunt in economic importance meant both a reduction of

the supply of meat for food and of the trade goods — hardware and dry goods — on which the Indian family now depend. A man might be a brave warrior, but native enemies were not protected by the United States, and the Whites were willing and able to destroy not only the warrior but his village and his women and children if he tried to avenge personal insult or the murder of a relative by taking a scalp or raiding a settlement. A chief might be a wise statesman and a clever diplomat, but his efforts to negotiate advantages for his people were now made meaningless by the contempt of his listeners who smiled at his quaint metaphors, depreciated his logic and used the threat of force to silence his protests at injustice. If he sought, with tolerance for the fact of cultural differences, to discuss religion with a White friend, he was likely to discover a scornful Christian, impatient of his heathen superstitions. He learned that White men deemed his women to be fit only for pleasure, not for marriage, and that White women were prohibited to him, that his families were not good enough for Whites to associate with. Furthermore, he learned that he was, in White men's eyes, dirty, ragged, ignorant, doomed to extinction and damned to eternal hellfire.

From this pathetic revelation of his own worthlessness, the number of degrading experiences multiplied: confinement on reservation, attempts to make him an agriculturist, the prohibition of liquor and subjection to countless indignities and humiliating experiences through the years. Generation after generation inherited this legacy of worthlessness and inadequacy. The Indian male, particularly, suffered bitterly, seeing himself as a failure by the standards of his own people and an object of contempt to the Whites with whom he was constantly forced into association. His perception of the world about him was a bewildering, confused maze of blind alleys and uncertain choices, with the expected rewards rarely in their proper places.

Perhaps the greatest blow was Federal wardship. In the early days wardship meant a direct dependence for many Indians on the Government for food and clothing through the ration system. Later, he was expected to procure his own necessities, but Federal wardship still controlled his land, his right to vote and many other rights and privileges enjoyed by other citizens.

The special status and dependency relationship of the Indian has also suffered from the ills of bureaucracy and administration. Omer Stewart (1964:66) described the vacillating Government policy as follows:

> Not only have the Indians been subjected to external control of their own funds and lands, but that control has been often inconsistent and even capricious. The inconsistency was expressed in the changing policies voted by Congress, the variety allowed by various commissioners and different political administrations and finally by the infinite shades of variation introduced by local reservation officials while applying the changing rules from Washington.

The Federal prohibition of liquor to Indians has been another bitter pill. The law itself plus the personal indignities Indians suffered while the law was in effect has been a constant reminder to the Indian that to the White man he is like a child unable to make choices and decisions. For more than a hundred years the Indian could not drink respectably and openly with friends. Liquor could always be procured, but it was clandestine, often bad liquor at excessive prices, or sometimes of his own making. The old expression "that what is forbidden becomes an irresistible lure" was never more true than with the Indian and liquor during prohibition days.

Drinking in secret location, apprehensive that he would be caught and his liquor taken away from him, the Indian never learned to drink slowly. Quick, heavy drinking is characteristic of Indian drinking, a pattern destructive to mind and body. The repeal of the prohibition of liquor has not been in existence long enough to account for marked changes, although a drop in Indian criminality in parts of the state of South Dakota in 1957 as compared to years prior to 1953 is indicative that repeal has had favorable results. Further, Indians themselves have reported that legalization of liquor has removed a discriminatory law which had been resented by all Indians, drinkers and teetotalers alike.

We have, I think, indicated sufficient deprivational factors to account for the deep sense of inferiority and inadequacy which the American Indian suffers — factors which in bulk and intensity would seem to be greater than those to which other ethnic groups have been subjected. To all this we must add that American Indians share with other racially visible ethnic minority

groups of low economic status the following circumstances: discrimination, poverty, poor housing, lack of education, and other conditions which we recognize contribute to delinquent behavior and high rates of crime everywhere. Under the weight of these deprivational factors it is not surprising that American Indians have sought relief in alcohol. Alcoholic beverages have been the easiest and the quickest way to deaden the senses and to forget the feeling of inadequacy. Under the influence of liquor the real world is replaced by an unreal one where the Indian sees himself as an equal to others and with physical and psychological support provided by drinking companions, the world appears less hostile and even tolerable.

Patterns of Indian Drinking

Despite geographic, cultural and linguistic differences among the various groups of Indians, observational studies reveal considerable similarity in their drinking behavior. Indian drinking can best be characterized as a group or gang affair. If we compare, for example, American Indian drinkers with the following definition of alcoholics adopted by the World Health Organization (WHO 1951) not many Indians would fit the characterization.

> Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily or mental health, their interpersonal relations and their smooth social and economic functioning, or who show prodromal signs of such developments.

There are, of course, some Indians in all groups who might fit this definition, but their numbers are few. Besides, such drinkers rarely cause trouble; the group or gang drinkers are the ones who raise the crime rate and bring disorganization to Indian community life. The social characteristics of Indian drinking have been well illustrated by studies of the drinking patterns of Northwest Coast Indians. Lemert (1958:99), in a report on three Salish groups, notes that these drinkers formed a kind of social solidarity in the presence of White man's society. While sober they were restrained, impassive, even shy and timid; but their drinking behavior was marked by rolling, laughing, shouting and general boisterousness. Under the influence of liquor they broke into houses, stole and destroyed property. Such activity accompanied drunken excursions to find more liquor when they had used up their supply.

Brian du Toit in a study of Klamath Indian drinking also commented on the group or gang nature of the drinking patterns of these Indians. He reported as follows (du Toit 1964:18):

> In lieu of social gatherings and institutions, and in the presence of stress and growing anxiety, young (Klamath) people started to organize drinking parties. They would meet in the tavern, and when it closed, buy enough alcohol to last them all night or for the next day, and then meet in the house of a participant or in a vacant house where they, as Indians who shared common interest and fears, could be together and enjoy the stimulating experience of oneness. This gave them confidence. They forgot the fact that Whites were moving in, that they were losing 'their reservation,' because here they were together as a group and drank to excess, often for days at a time.

The drinking patterns sketched above are fairly typical of present-day Indian drinking everywhere in the United States.

During the time when Indians were prohibited from drinking, the most vexing problem for Indians was getting liquor or getting alcoholic drinks which were reasonably safe for drinking. Many Indians made their own, of course. In one of the Apache reservations in the Southwest, an Indian Bureau employee described the preparation of the most common form, "raisin-jack," as follows (Parmee 1959:37):

> They made it from raisins, sugar, yeast and water; then they'd throw in some aspirin and boiled loco weed, too. They got it fermenting by boiling and then they'd pour it into a 50-gallon barrel, bury it under the ground and let it cool. Sometimes they wouldn't even wait for it to cool before they'd drink it. It looks . . . just like coffee. And they can buy it for $2 a gallon. So they drink the whole gallon when they can.

Functions of Drinking

Several reasons for excessive drinking among Indians have been proposed. We have discussed in some detail an explanation based on social and economic deprivation. This theme was also stressed by Donald Horton (1943) who made a cross-cultural analysis of the functions of alcohol among primitive societies. Horton's assumption is that the primary function of alcohol is the reduction of anxiety. Thus, the greater the deprivation or anxiety, the greater the need to drink. Further, if this drinking pattern is reinforced by the social group of which the drinkers are members, the patterns become firmly established. Horton expressed (1953:681-682) the basic premise as follows:

> . . . the primary function of alcohol is reduction of anxiety. The greater the amount of alcohol consumed, other conditions being equal, the more completely anxiety is reduced; and conversely, the greater the initial anxiety, the greater the amount of alcohol required to reduce it. Anxiety-reducing acts are inherently rewarding and, therefore, tend to be habit-forming. Since anxiety is a universal reaction to certain conditions of social life, all peoples to whom alcoholic beverages are available are potential habitual drinkers. But since anxiety is the agent of inhibition, anxiety reduction tends to reduce inhibition and released previously inhibited responses. Inhibitions are themselves the result of punishments imposed by society, according to its cultural tradition, for certain proscribed forms of action (especially sexual and aggressive acts). Release of such behavior tends to reinvoke the original punishments, which then produce responses in opposition to the rewarding act of drinking. To these punishments may be added others, self-inflicted or socially administered, resulting from alcoholic impairment of physiological functions. Actual drinking behavior, therefore, represents a dynamic psychological equilibrium, in which initial anticipation of anxiety reduction is the chief motive for drinking and anticipation of punishments for the personally or socially unacceptable consequences of drinking is the chief counteracting response.

Du Toit in the paper already cited (1960:19) adds to Horton's basic thesis by proposing that insobriety may in some groups be the result of the loss of opportunities for institutionalized social interaction. Du Toit (1960:22) utilizes the principle of "substitution" in explaining the group drinking patterns of Klamath Indians:

> Because they (the Klamath) lost all the institutionalized means of interaction, and because they were conscious of anxieties and frustrations, an individual and later a group of individuals innovated the party which served the same purposes for them as the institutions they had lost.

The institutionalized means of interaction to which du Toit refers are not aboriginal institutions of the Klamath, but were established during the early part of this century by Methodist missionaries. The mission provided social interaction through Sunday school, church membership, Ladies' Aid, "Basket Socials," and other meetings. The years of crisis came to the Klamath in the early 1940's when a series of economic disasters occurred, but the most serious mishap was the transfer of the missionary couple who had provided opportunities for social interaction. The church-sponsored social affairs disappeared, and there was nothing to replace them. Du Toit considers the drinking parties as substitute social interaction activities.

Among other groups, restraints in drinking are effectively controlled by aboriginal institutions and techniques. The Pueblo Indians of New Mexico and Arizona are perhaps the best examples of such groups. These Indians have not been severely deprived socially and economically. The social and religious organization aspects of their culture are still intact, and their basic subsistence economy, farming, has not been seriously endangered by White contact. Thus, the old institutions and anxiety-reducing techniques of the traditional culture are still operative and effective.

Indeed, in a few Pueblo villages where excessive drinking has begun to exhibit itself in recent years, the drinking problems appear to be related directly to a breakdown of old institutions and social control techniques. As these Indians

become socially and culturally deprived and become anxious, they seek solace in drink. Since anxiety was traditionally lowered by group institutionalized social interaction patterns, it is not surprising that drinking has become, as among the Klamath, a group activity. But drinking among Pueblo Indians has not reached the proportions found among other Indians.

Solutions or Attempted Solutions to Drinking Problems

As was noted in the beginning of this paper, drinking is a recognized evil in all Indian communities and many Indian groups are attempting to rid themselves of the evil. Among a few groups, traditional institutional controls are effective, but generally the very problem of alcoholism arose with the breakdown of traditional Indian social and cultural life. Most Indians realize that it is not possible to rationalize the old religion, the traditional beliefs and values and adjust them to modern life. On the other hand, it is not possible for many to accept White American culture, assuming that White Americans would accept them as fellow members. The transition from one cultural system to another is not easy, and it is particularly difficult when the fearful, cautious moves of Indians to adjust to the dominant culture are often rebuffed. For some groups, dissatisfaction with traditional Indian culture and frustration in either adjusting to or in being accepted into White culture resulted in experiments with a new type of society, a new religion and a new set of values. While these attempts to prescribe a new life for a people have been often called "nativistic movement," the resultant product is more appropriately a new cultural amalgam in which Indian and White elements, particularly Christian beliefs and values, are fused. One of the most famous of such movements was the New Religion of Handsome Lake among the Iroquois. (See also Deardorff 1951). Anthony Wallace (*9159, 1961), who has studied the Handsome Lake movement intensively, describes the therapeutic aspects of the new religion as follows:

> The first therapeutic success of the New Religion was Handsome Lake (the founder) himself. In 1799, he had been a bedridden alcoholic, supported by his brother, Cornplanter, irresponsible and depressed and expecting to die. After his first visions in that year, he rose from his bed to undertake the mission which the Great Spirit had given him, and he lived for fifteen active years. His preaching was phenomenally successful and White men in association with the Iroquois soon remarked with amazement on the great reduction in drunkenness, the new seriousness about religion, the new industriousness to be seen in their villages. Since Handsome Lake also acted as a shaman for curing disease, and as a censor, condemning witches and judging the behavior of the Nation, he was able to exert much authority and was able to combine specific treatments of disease with general prescriptions to society at large. (Wallace 1959:91).

For Indians further along the line of acculturation, various Christian sects have been successful in eradicating alcoholism for either individuals or groups of individuals. There are many examples of the sudden creation of teetotalers under the influence of missionaries, ministers, and preachers. A government employee report about a case on an Arizona Indian reservation is typical:

> Mr. X used to be a real wino. He was drunk 24 hours a day, day in and day out. He must have kept up that way for eight years or so, after he had gotten out of the service. Then he joined the Miracle Church and quit drinking. I don't think he's ever touched a drop since.

Some tribal groups have organized, on their own, group activities to combat drinking, but lack of organization and leadership, among other things, often causes such efforts to fail. In urban areas some Indian centers are extremely successful. Tucson, Arizona, has an active and popular Indian center composed mostly of Papagos. The center has periodic fund-raising dinners, serving on such occasions traditional Papago food. A program of Indian dances and brief addresses by prominent Indians are featured attractions. White friends familiar with Indian food and fond of Indian dancing patronize these affairs as enthusiastically as the Indians. Other special events during the year include celebration of important calendric events, lectures by prominent Tucson

citizens and periodic Western-type social dancing. While excessive drinking among Indians in Tucson has by no means disappeared, the enthusiastic patronage of the Indian Center by young people indicates that more creative and wholesome activity is in store for these Indian youngsters.

Corrective measures aimed at the individual Indian appear to be less successful, probably because drinking is primarily a group rather than an individual problem. Clinics which afford psychiatric treatment of individual patients have been generally unsuccessful in rehabilitating Indians. The techniques of treatment are designed for alcoholics of the dominant society and take little or no consideration of the diverse social and cultural backgrounds of Indians. Agencies which constantly refer excessive Indian drinkers to clinics ought to explore other avenues of rehabilitation, but modern psychotherapeutic methods, unless modified to consider the social and cultural deprivations suffered by Indians, will continue to be unsuccessful.

Alcoholics Anonymous is perhaps more successful than psychotherapy, but it appeals again primarily to the individual addict. Nevertheless, among Indians off the reservation and in densely populated areas, the idea has caught on. Recently an American Indian Alcoholics Anonymous has been formed in Santa Clara, California, and another one is being opened in Oakland, California.

Alcoholics Anonymous apparently influences the highly acculturated Indian drinker, one who has internalized the cultural values of the dominant American society. To such a person the appeals of reform generally made by the organization in terms of the values which underlie American culture make sense. Such an individual has definite guilt feelings for having strayed away from what is considered right and proper in American society and culture.

However, many instances of American Indian drinking behavior judged pathological by the dominant American society may not be so considered by the Indians who engage in it. Indeed, they may think of their drinking bouts as simply a form of recreation and relaxation and have no desire to eliminate such behavior. Lemert (1964) in a recent paper has emphasized the need to determine whether a given situation is pathological in either the view of the group under study, the dominant society of which the group is a part, or in the judgment of both groups. He cites a case from Polynesia which illustrates the point very appropriately:

> "French authorities . . . are convinced that drinking is a very serious problem among their Polynesian peoples, primarily because they see earnings of the native population going for heavy weekend drinking and periodic indulgence instead of into housing and other forms of material self improvement . . . Yet it is doubtful that Tahitians see their expenditures for liquor as sacrifices in the same sense as do the French, largely because as yet their commitment to material values is still quite tenuous . . . Thus when one informant was asked why his fellows use their money for liquor instead of better housing and furniture, he laughed and said, 'The Tahitian is likely to say:' 'If I spend money for those things I won't have any for beer and wine.' "
> (Lemert 1964:367)

Lemert's example is undoubtedly applicable to many instances of American Indian drinking as well. In seeking to eliminate drinking patterns of this type, welfare agencies must, of course, first make the participants aware of the pathological consequences of their behavior. Secondly, there would be the need to instill in the drinkers a desire for change. The solution in this case may then involve the matter of supplying a substitute outlet for social expression which is equally enjoyable and relaxing, but which is less costly to society and the individual than drinking.

We have sketched the background of Indian drinking, indicated some of the typical patterns and briefly discussed attempted solutions.Since our primary concern is to seek solutions, we can review some of the points just made and phrase them in a manner in which we can discuss them most fruitfully.

A. First, we may examine those factors which are beyond the Indian drinker's control.

> (1) One of those would be discrimination generally. Inability to participate in social and recreational facilities open to other citizens may lead the victim of discrimination to seek involvement in group of gang drinking as a form of rebellion.

(2) In retrospect, it seems that the law prohibiting Indians from drinking has had unfortunate effects. Besides being ineffective generally, the law has prevented Indians from learning the controlled and regulated use of alcoholic beverages adopted by other U.S. citizens who can drink openly and legally. The law was most objectionable in its discriminatory aspects since only the Indian was singled out and denied the right to obtain liquor while the privilege was extended to all other citizens. The Federal law was lifted in 1953, but most tribal councils and some states have continued to limit Indian drinking by legal means. Any discriminatory treatment of a whole class of people would appear to be unfair, but further discussion of this question would be an appropriate subject for this group.

(3) In the same category as the two previous factors are the various controls and penalties for drinking and drunkenness established by tribal councils. Are these really effective or do they simply limit the rights and privileges extended to other U.S. citizens and hence arouse unwarranted hostilities?

B. Finally, we have those efforts in which the Indian drinker is or can be actively involved.

(1) Nativistic movements such as the Handsome Lake Religion and the Peyote cult are perhaps on their way out. These are attempts at rehabilitation by troubled and maladjusted groups caught between the two cultures. As Indians become familiar with the dominant American culture and more actively involved with it, the attempt to assert one's cultural heritage by creating a new religion and a new blueprint for living is likely to disappear. While these cults appear to be highly successful in reducing excessive drinking and lowering the incidence of criminality, the beneficial results are usually temporary. Loss of faith in the magical concepts on which such movements rest often brings about a return to former conditions of apathy and resumption of excessive drinking patterns.

(2) Conversion of Indian drinkers to evangelistic-type Protestant religions follows a pattern similar to those of nativistic cults. Converts initially reject alcohol completely, but adherence to the religion is typically brief. Disappointment in the religious beliefs or practices or some real or imagined social slight or rejection will bring about a return to former drinking habits.

(3) Individually oriented types of aids provided by psycho-therapy and Alcoholics Anonymous might be successful to a highly acculturated or assimilated Indian drinker, but they are generally unsatisfactory to Indians whose world views are markedly different. Any kind of treatment which does not take into consideration a patient's special social and cultural conditioning is doomed to failure. Both psychotherapy and Alcoholics Anonymous appeal to Anglo-American programs and techniques and are not geared to members of other cultures.

(4) Perhaps the most promising for positive enduring results are group oriented programs where Indian participation is engaged in planning and implementing the programs. Community "Indian Centers" are potential focal points for the establishment of organizations which will bring about successful rehabilitation of Indian drinkers. Before group or gang-type drinking can be eliminated, there is need for a satisfying substitute activity and organization. Community centers can work actively toward the creation of such organizations. The establishment of successful community centers requires initial outside help by church or civic groups, for Indians are typically inexperienced in organization and leadership. Such a coordinated approach in setting up Indian centers in Indian communities and in urban areas where Indians reside would appear to be the best method in combating pathological Indian drinking.

NOTES

1 Grateful acknowledgement is made to the Southern Arizona Mental Health Project of the Department of Psychology, the University of

Arizona, for comparative materials on Mexican and Mexican American drinking patterns.

2. The characterizations drawn here have been taken from Wallace (1959:89). Although Wallace was describing conditions among the Iroquois, the description may apply equally as well for most American Indian hunting and gathering cultures.

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TRAINING PROGRAM: AMERICAN INDIANS

Purpose of Training:

It is the purpose of this program to provide training that will increase the trainees' knowledge of alcoholism, sensitize the trainees to the uniqueness of the American Indian drinking patterns and value systems, and suggest possible ways of using the Indian culture in treatment approaches.

Training Population:

Possible training populations are counselors and other helping service agencies who work with the American Indian, including those who work directly with the Indian alcoholic and family members. It is suggested that participants be limited to not more than 20 persons.

Evaluation/Assessment:

The use of Alcohol Awareness Scale as pre- and post-tests to evaluate the effects of this model program is recommended.

Module I: Social Aspects and Cultural Differences in Drinking Patterns Among the American Indian Population.

Training Time: 3 hours

Objectives:

(1) to make trainees aware of how alcoholism affects the clients' family and social life;

(2) to make trainees aware of cultural differences in drinking patterns of the American Indian (e.g. most American Indian drinking is in groups);

(3) to discuss the need for finding creative group activities as an alternative to group drinking.

Enabling Activities:

(1) Lecture by anthropological or sociological expert on general social and cultural aspects (including definitions of culture) and general differences in drinking patterns

(2) Use local tribal person for lecture-discussion

(3) Selected film(s) — see Film List

Module II: Communication and Effective Listening

Training Time: 3 hours

Objectives

(1) to communictae understanding, empathy, respect and the willingness to listen to the client;

(2) to consider educational background of client and speak in terms the client can relate to;

(3) to learn to listen effectively and fully attend;

(4) to learn to counsel with the client individually and with the family as a group;

(5) to demonstrate to the trainees the importance of non-verbal communication;

(6) to present problem solving-program development techniques for resolving problems.

Enabling Activities:

(1) Presentation and demonstration by trainer of effective communication

(2) Role-playing;

(a) triads with helper, client and rater;

(b) "family" group simulated session with several "family" groups using trainees as therapist/counselor.

(3) Recommend reference books on non-verbal communication such as: *How to Read a Person like a Book* by Nuremberg and Callers.

(4) Selected film(s).

Module III: Medical Aspects of Alcoholism and Alcohol Abuse

Training Time: 3 hours

Objectives

(1) to increase trainees' knowledge of how alcohol affects the body;

(2) to stress importance of early treatment.

Enabling Activities:

(1) Lecture on alcohol and health

(2) Selected film(s)

(3) Discuss the concept that alcoholism is not biologically or racially inherited.

Module IV: Psychological Aspects

Training Time: 2 hours

Objectives:

(1) to increase trainees' awareness of psychological factors involved in alcoholism;

(2) to make trainees aware of stress and emotional factors among American Indians and other minority groups;

(3) to expose trainees to different psychological theories such as TA, reality therapy, behavior modification, etc.

Enabling Activities:

(1) Lecture and discussion on the psychological factors and methods of pyschologically treating the abuser.

(2) Hand-outs: on Indian psychology.

(3) Audio-visual or flip-charts of different researcher's theories.

(4) Recommend trainees read *Modern Indian Psychology* revised edition by John F. Bryde, Ph.D.; (published by Institute of Indian Studies, The University of South Dakota, Vermillion, South Dakota, 1971).

Module V: Treatment Modalities

Objectives:

(1) to make trainees aware of different types of treatment available;

(2) to make trainees aware that each client has different needs and not all treatment works for everyone;

(3) teach trainee skills for making individual treatment plans.

Enabling Activities:

(1) Lecture and film or other audio-visual aids on all phases and types of treatment from detail to follow-up and different treatment modalities, e.g. behavior modifications, T.A., reality and family therapy.

(2) Role-playing of different treatment plans.

(3) Have trainees role-play and make treatment plans, after demonstration by trainer.

Module VI: Culture as Treatment Modality

Training Time: 2 hours

Objective:

(1) to learn to use Indian culture and values in providing a positive self identity unique to Indian people;

(2) to make trainees aware that some local tribes may have medicine men that can be used to aid in treatment;

(3) to discuss any local tribal/cultural medicine or ceremony, such as sweat lodge, Native American Church, etc., that can be used for the client;

(4) to become aware of traditional values, customs, and culture of the local tribal area.

Enabling Activities:

(1) Use local resource people with expertise for lecture-discussion for all of the above objectives.

(2) Selected film(s).

(3) Hand-out *Concept of Utilizing Indian Culture as a Treatment Modality* (available from A.H.H.A.P., Inc., 786 East Seventh Street, St. Paul, Minnesota 55106 Tel. 612-771-0933).

TRAINING TRAINERS FOR MINORITY POPULATIONS

Introduction

The purpose of this training program is to teach the skills needed by Alcohol & Drug Trainers in conveying information concerning alcohol and other drugs to audiences that may consist of substance abusers, their families, interested others and the general public. Often trainers are asked to disseminate relevant information aimed at increasing the awareness, receptivity and sensitivity of the community and stimulate social action in order to increase the services provided people with problems associated with the use of alcohol. These persons are often not trained in effective utilization of training strategies such as planning an alcohol education program curriculum; using the mass media and institutional channels of communication; selecting printed and visual materials; and creating and developing materials tailored to meet the needs of the minority populations. In order for trainers to accomplish these tasks efficiently, it is imperative that they possess skills in the following areas:

1) Interpersonal communication
2) Knowledge of alcohol and other drug problems related to minority populations
3) Treatment strategies
4) Group interaction
5) Planning
6) Assessment and evaluation

Suggested Training Modules

Module I — Alcohol Information/Education

Training time: 3 hours

A. Philosophy of Alcohol Education
1) what is it?
2) who needs it?
3) why is it needed?
4) how is it given?

B. Major Issues in Alcohol Education
1) Alcoholism vs. problem drinking
2) Major approaches to alcohol education
a) values clarification

b) factual information
c) scare tactics
d) abstinence vs. responsible drinking
3) church/family/community/school (who should teach about alcohol?)

Module II — Alcoholism and Alcohol Abuse in Minority Populations
Training time: 3 hours

A. Cultural aspects of alcohol problems related to:
1) Blacks
2) Females
3) Youth
4) Aged
5) Spanish-speaking Americans
6) Rural Americans
7) American Indians

Module III — Instructional Planning
Training time: 2 hours

A. topics to be covered — related to specific needs of trainees
B. utilizing local professionals as trainers
1) alcohol and drug counselors
2) mental health personnel
3) medical personnel
C. resource materials
1) National Institute on Alcoholism and Alcohol Abuse Clearinghouse
2) posters, displays, etc.
3) audio-visual aids
D. methods of presentation
1) workshops
2) seminars
3) panels
E. Public relations (local newspapers, radios, church and civic groups, newsletters)
F. physical facilities
1) local training sessions in community
2) consider using local churches, hospitals, schools, etc.
3) arrange for coffee, pastries, etc.

Module IV —Selection of Trainee Population
Training time: 2 hours

A. minority groups
B. church and civic organizations
C. community leaders
D. medical agencies
E. clergy
F. interested citizens

Module V — Assessment and Evaluation
Assessment administration: 1 hour
Training time: 1 hour

A. assess needs of trainee populations
B. do pre- and post-tests to evaluate training effectiveness in meeting needs (see Alcohol Awareness Scale)

ALCOHOL AWARENESS SCALE
Form A and Form B
and
Answer Key

ALCOHOL AWARENESS SCALE Form A

Age:
Sex: M ____ F ____
Education:
( ) Grade School
( ) Some College
( ) Post Graduate
( ) High School
( ) College Graduate
Drinking Patterns:
( ) Never
( ) Occasionally — 3 or 4 times a year
( ) Often — every week
( ) Quite Often — every day

Race: ( ) White ( ) Black ( ) Other_____
Occupation:_____(If student, indicate "Student")
Do you in any professional capacity work with individuals with drinking problems?
( ) Yes ( ) No

Instructions:

Below are listed some statements about alcohol. You are to indicate whether you agree or disagree with the statements *as stated* based upon your own knowledge, experience and/or your feelings. The statements are listed under certain headings (example, *Pschological/Emotional*]. These headings are for classification and scoring purposes only; do not be concerned with them. Please respond to *ALL* statements.

Psychological/Emotional Aspects

1. Alcohol is helpful in relieving tension and stress.
2. Alcohol helps a shy person to be more confident.
3. Alcohol is a "downer" since it calms your nerves.
4. Most alcoholics drink alone.
5. Drinking is a good way to avoid facing personal problems.
6. The family can offer help and support to the alcoholic member.
7. Never trust a man (woman) who doesn't drink.
8. A few drinks help one to relax and unwind.
9. People are friendlier when they drink.
10. Being emotionally dependent on alcohol is the same as being physically dependent on it.
11. Fear and depression are not really important in causing drinking problems.
12. A recovered alcoholic can be completely "dried out" from a medical viewpoint without investigating his/her psychological problems.

Social/Religious Aspects

13. Derelicts (bums) on skid row represent the largest number of alcoholics.
14. It is rude to refuse a drink of alcohol.
15. Alcoholism is basically a spiritual problem.
16. Alcoholism is more common to middle-ages (40-60) and older persons (61 and above).
17. In society today there are more "hard" drug addicts than alcoholics.
18. The first round of drinks should be a double or two beers to "break the ice."
19. A good religious background will stop a person from drinking.
20. It is impolite to tell a friend that he is drinking too much.
21. You can always tell an alcoholic by the way he drinks at parties or beer joints.
22. There are no known alcoholics below the age of 18.
23. If parents don't drink, their children will probably never develop drinking problems.
24. The best time to teach children about alcohol is as they approach the legal age to drink.
25. In the U.S., 7 out of 10 adults drink alcoholic beverages.
26. Women hardly ever become alcoholics.

Legal Aspects

27. Alcohol addiction is legally considered a disease.
28. Alcohol patients committed by courts or family members to a psychiatric hosptial or clinic lose many of their civil rights.
29. In reality, not many traffic deaths can be linked with alcohol.
30. Alcohol and crime are rarely related to each other.
31. Drunken driving is a major social problem in our society.
32. The alcoholic cannot assume responsibility for his or her own behavior.
33. In most states public drunkenness is a crime.
34. In 1970, Congress established the National Institute of Alcohol Abuse and Alcoholism.
35. Alcoholism is listed as the primary cause of

death on more than 15,000 death certificates yearly.
36. A blood alcohol concentration of 0.10% constitutes legal drunkenness in most states.
37. The "drunk tank" (jail) is a good cure for alcoholism.
38. As few as three drinks can interfere with a person's ability to drive.

Health Aspects

39. Alcohol helps the brain function better.
40. You can never really get drunk on beer.
41. Alcohol can combat or fight infection.
42. No harmful effects can come from drinking if one eats right.
43. Antabuse is a medicine that makes you sick if you drink after taking it.
44. Mixing different kinds of drinks causes hangovers.
45. It is impossible for one to die solely from drinking.
46. If a person consumes a pint of hard liquor or its equivalent every day, he or she can be labeled "an alcoholic."
47. Cirrhosis (hardening) of the liver occurs about as often in non-alcoholics as in alcoholics.
48. Alcohol is a food substance since it is a source of calories.
49. Alcoholism is a disease which almost always becomes worse.
50. If you can hold your liquor, you'll never become an alcoholic.

ALCOHOL AWARENESS SCALE

Form B

Age:
Sex: M ____ F ____
Education:
( ) Grade School
( ) Some College
( ) Post Graduate
( ) High School
( ) College Graduate

Drinking Patterns:

( ) Never
( ) Occasionally — 3 or 4 times a year
( ) Often — every week
( ) Quite Often — every day

Race: ( ) White ( ) Black ( ) Other_____
Occupation:_____(If student, indicate "Student")
Do you in any professional capacity work with individuals with drinking problems?
( ) Yes ( ) No

Instructions:

Below are listed some statements about alcohol. You are to indicate whether you agree or disagree with the statements *as stated* based upon your own knowledge, experience and/or your feelings. The statements are listed under certain headings (example *Pschological/Emotional*). These headings are for classification and scoring purposes only; do not be concerned with them. Please respond to *ALL* statements.

Psychological/Emotional Aspects

1. Alcohol-induced sleep over a period of time can lead to poor memory and concentration.
2. Alcohol is helpful for emotional pressures or problems.
3. Alcoholism is legally considered a form of mental illness.
4. Alcoholics tend to feel they are "worse off" than other people.
5. An alcoholic individual usually denies he or she has a drinking problem.
6. A person with a serious alcohol problem can "taper off" with some help and does not have to stop drinking completely (total abstinence).
7. Depression is a major cause of alcoholism.
8. Emotionally dependent people are usually more tolerant and understanding.
9. Alcoholics usually have mature personalities.
10. Alcohol is a sexual stimulant.
11. Alcoholics can be counselled/helped with some success.
12. The family of an alcoholic can be of great assistance or support in helping solve his or her drinking problems.

Social/Religious Aspects

13. One out of five persons reports that someone close to him has a drinking problem.

14. 70% of adult Americans drink alcohol to be sociable.
15. You're not an alcoholic if you do not drink before noon.
16. Most alcoholics drink alone.
17. The average persons knows very few, if any, alcoholics.
18. In society, most women are dependent, while most men are independent.
19. Today's young people do not drink as much as other younger generations.
20. One in every 10 executives has serious drinking problems.
21. Alcoholism among women is increasing.
22. In the U.S. alcoholism stands third in public health problems, coming after heart disease and cancer.
23. AA's purpose is for their members to stay sober and help others with alcohol problems.
24. Only three percent (3%) of alcoholics are on skid row.
25. Alcohol costs the American economy over 15 billion dollars per year.
26. A large number of alcoholics only drink beer.

Legal Aspects

27. A person can drive better after a few drinks.
28. Publicity about the dangers of drinking and driving is really over-played.
29. A recent Supreme Court case ruled that alcoholism is a disease, not a crime.
30. The police department is not a good resource for the alcoholic.
31. If alcohol were less readily available, there would be fewer alcoholics.
32. Most DWI convictions involve the drinking of hard liquor instead of beer.
33. Under law, convicted alcoholics should be given the opportunity for treatment.
34. Alcohol plays a role in about half, or 30,000, highway fatalities a year.
35. Half of all murders and one-fourth of all suicides are alcohol-related.
36. It takes at least five or more drinks to impair one's ability to drive.
37. Alcoholism, by itself, rarely, if ever, causes death.
38. A blood-alcohol concentration of 0.20% or more constitutes legal drunkenness in most states.

Health Aspects

39. Alcohol can reduce the amount of work placed on the heart.
40. Alcohol can dissolve the fat in one's blood.
41. Alcohol, especially deep Burgundy wines, can build the blood.
42. Children of alcoholic parents will probably become alcoholics themselves.
43. The best way to get over a hangover is to drink coffee.
44. Alcohol is a drug.
45. The ability to drink large quantities of alcohol and "not show it" is still a sign of masculinity.
46. The best cure after a drinking spree is aspirin, bed rest, and solid food as soon as possible.
47. The "blackout" is considered a loss of memory during a drinking spree.
48. People tend to get drunker when they switch drinks.
49. DT's (the shakes) occur after the alcohol withdraws or leaves the body.
50. Alcohol is soothing for the stomach.

ANSWER KEY

1. D	26. D	1. A	26. A
2. D	27. A	2. D	27. D
3. A	28. A	3. A	28. D
4. D	29. D	4. A	29. A
5. D	30. D	5. A	30. D
6. A	31. A	6. D	31. D
7. D	32. D	7. A	32. D
8. D	33. A	8. D	33. A
9. D	34. A	9. D	34. A
10. D	35. A	10. D	35. A
11. D	36. A	11. A	36. D
12. D	37. D	12. A	37. D
13. D	38. A	13. A	38. D
14. D	39. D	14. A	39. D
15. D	40. D	15. D	40. D
16. D	41. D	16. D	41. D
17. D	42. D	17. D	42. D
18. D	43. A	18. D	43. D
19. D	44. D	19. D	44. A
20. D	45. D	20. A	45. D
21. D	46. D	21. A	46. A
22. D	47. D	22. A	47. A
23. D	48. A	23. A	48 D
24. D	49. A	24. A	49. A
25. A	50. D	25. A	50. D

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Kuttner, Robert E., and Lorincz, Albert B. Alcoholism and addiction in urbanized Sioux Indians. *Mental Hygiene*, 51(4):530-542, 1967. Alcoholism and addiction were studied among a group of urbanized skid row Sioux Indians.

Lemert, E.M. Alcohol and the Northwest Coast Indians. [*Univeristy of California Publications in Culture and Society*, Vol. 2, No. 6, pp. 303-406] Berkeley: University of California Press, 1954. Drinking patterns among Indians of the northern Pacific coast region (Salish, Nootka, Kwakiutl, Tshimshian, and Haida) are analyzed.

....The uses of alcohol in three Salish Indian tribes. *Quarterly Journal of Studies on Alcohol*, 19(i):90-107, 1958. The drinking behavior of three tribes of Northwest Coast Indians is described and contrasted with that of the surrounding white population.

....Deviation and social control. In: *Human Deviance, Social Problems, and Social Control.* Englewood Cliffs, NJ: Prentice-Hall, 1967. pp. 65-95. An example of social control is given in the development and collapse of the Oblate Fathers control of some Indian tribes in the Pacific Northwest during the late 19th century.

Levy, Jerrold E.; Kunitz, Stephen J.; and Everett, Michael. Navajo criminal homicide. *Southwestern Journal of Anthropology*, 25 (2):124-152, 1969. Several common notions concerning homicide among the Navajo and their relationship with alcohol and acculturation are examined.

McGunigle, E. "Problem Drinking Among American Indians and a New Look at Its Cause." Colorado Springs, CO: Southwest Studies Summer Institute, Colorado College, 1973. 13 pp. A history of alcohol use among southwestern American Indians, a hypothesis for the etiology of alcoholism, and possible therapy techniques for southwestern Indians are presented.

Lieber, Charles S. Metabolism of ethanol and alcoholism: Racial and acquired factors. *Annals of Internal Medicine*, 76(2):326-327, 1972. Various studies which have suggested racial differences in rates of ethanol metabolism and in the capacity for metabolic adaptation are considered.

Littman, Gerard. Alcoholism, illness, and social pathology among American Indians in transition. *American Journal of Public Health and the Nation's Health*, 60(9): 1769-1787, 1970. Because alcoholism is considered the number one health problem of American Indians, a study was made at the Saint Augustine's Center for American Indians in Chicago, to expose its causes and solutions.

MacAndrew, Craig; and Edgerton, Robert B. *Drunken Comportment: A Social Explanation.* Chicago: Aldine, 1969. 197 pp. A study of the history of the Indian's reactions to alcohol leads authors to the conclusion that drunkenness served as an excuse for behavior which was normally unsanctioned.

Madsen, W.; and Madsen, C. The cultural structure of Mexican drinking behavior. *Quarterly Journal of Studies on Alcohol*, 30:701-718, 1969. Drinking patterns of the Nahuatl Indian village of San Francisco Tecospa and the mestizo town of Tepepan near Mexico City are described.

Paredes, Alfonso; West, Louis Jolyon; and Snow Clyde Collins. Biosocial adaptation and correlates of acculturation in the Tarahumara ecosystem. *International Journal of Social Psychiatry*, 16(3): 163-174, 1971. A characteristic of the Tarahumara culture is the role of collaborative labor and drinking in the creation of a unique form of human settlement; the Tarahumara urbis.

Pinto, Leonard J. Alcohol and drug abuse among native American youth on reservations: A growing crisis. In: *Drug Use in America: Problem in Perspective,* Appendix, Vol. 1. Washington, DC: Superintendent of Documents, U.S. Government Printing Office, 1973. pp. 1157-1178. The author examines the complex problems of alcohol and drug abuse among American Indian youth reviews relevant research in this area.

Price, John A. Applied analysis of North American Indian drinking patterns. *Human Organization,* 34(1):17-26, 1975. Drinking habits among United States and Canadian Indians are discussed, with emphasis on social and cultural bases of alcohol abuse and the problems and possibilities of effective control.

Resnik, H.L. P.; Dizmang, Larry H. Observations on suicidal behavior among American Indians. *American Journal of Psychiatry,* 127(7):882-887, 1971. A discussion of the sociocultural factors that have produced high suicide rates on some Indian reservations notes a high incidence of alcoholism.

Robbins, Richard Howard. "Drinking behavior and identity resolution." Ph.D. dissertation. University of North Carolina, Chapel Hill. Dissertation Abstracts International. (Ann Arbor, Mich.: University Microfilms.) pp. 195. Naskapi drinking behavior may take the form of friendly exchanges of goods, in which the giver of alcoholic beverages receives status-giving deference, or it may take the form of assertive or aggressive behavior in which the drinker boasts of his exploits.

Savard, R.J. Cultural stress and alcoholism: A study of their relationship among Navaho alcoholic men. Ph.D. dissertation, University of Minnesota, 1968. (Ann Arbor, Mich.: University Microfilms, 1968.) Navajo alcoholic patients reported difficulty in coping with anger when sober whereas nonalcoholic Navajos did not.

....Effects of disulfiram therapy on relationships within the Navaho drinking group. *Quarterly Journal of Studies on Alcohol,* 29:909-916, 1968. To ascertain the effects of disulfiram therapy on relationships within the Navajo drinking group, more than 200 alcoholic Navajos who had undergone disulfiram therapy were observed for nearly two years.

Shore, James H.; and Von Fumetti, Billee. Three alcohol programs for American Indians. *American Journal of Psychiatry,* 128(11): 1450-1454, 1972. Three tribally sponsored rehabilitation programs for alcoholic Indians, which represent a recent development in Indian alcoholism rehabilitation services, have matched their treatment philosophy and methods to the needs of this population.

Sievers, M.L. Cigarette and alcohol usage by southwestern American Indians. *American Journal of Public Health,* 58:71-82, 1968. Among the southwestern Indians, 52% of the men and 24% of the women were heavy drinkers while cigarette smoking was infrequent and seldom extensive.

Stewart, O. Questions regarding American Indian criminality. *Human Organization,* 23:61-66, 1964. The proportion of Indians arrested for all alcohol-related crimes is higher than that of any other ethnic group and 12 times greater than the national average.

Swanson, David W.; Bratrude, Amos P.; and Brown, Edward M. Alcohol abuse in a population of Indian children. *Diseases of the Nervous System,* 32(12):835-842, 1971. The pattern and course of severe alcohol abuse by 42 American Indian children is described.

Westermeyer, Joseph John. "Alcohol Related Problems among Ojibway People in Minnesota: A Social Psychiatry study." Ph.D. dissertation, University of Minnesota, 1970. (Ann Arbor, Michigan: University Microfilms, 1971, 339 pp.) A study was made to examine the nature of alcohol related problems among Ojibway and to learn what therapeutic approaches might be effective.

....Options regarding alcohol use among the Chippewa. *American Journal of Orthopsychiatry,* 42(3):398-403, 1972. Indian drinking contributes to Chippewa society by permitting non-Chippewa social behavior during drinking bouts while perpetuating ideal Chippewa values for periods of sobriety.

....Chippewa and majority alcoholism in the Twin Cities: A comparison. *Journal of Nervous and Mental Diseases,* 155(5): 332-327, 1972. Differences that exist between Indian and majority alcoholism can be related to sociocultural variables rather than to intrinsic differences between the populations.

Whittaker, James O. Alcohol and the Standing Rock Sioux Tribe: I. The pattern of drinking. *Quarterly Journal of Studies on Alcohol,* 23(3):

468-479, 1962. A survey of drinking practices revealed that approximately 70 percent of the adult population were drinkers and that symtoms of alcoholism were numerous.

....Alcohol and the Standing Rock Sioux Tribe: II. Psychodynamic and cultural factors in drinking. *Quarterly Journal of Studies on Alcohol,* 24(1): 80-90, 1963. The high incidence of drunkenness is attributed to poor living conditions, the breakup of Sioux culture, repressed aggression, and the lack of social sanctions against drinking.

....The problem of alcoholism among American reservation Indians. Alcoholism (Zagreb), 2(2): 141-146, 1966. Alcoholism and problems connected with it have increased in Indian reservations since the repeal, in 1953, of the law prohibiting the sale of alcoholic beverages to American Indians.

Winkler, Allan M. Drinking on the American Frontier. *Quarterly Journal of Studies on Alcohol,* 29(2A);413-445, 1968. Drinking on the American frontier is discussed in regard to the sociological variables wich characterized the lives of different types of frontier inhabitants.

Wolman, Carol. Group therapy in two languages, English and Navajo. *American Journal of Psychotherapy,* 24(4):677-685, 1970. The use of two languages was regarded as useful in group therapy at an Indian alcoholic rehabilitation center.

FILM LIST

Following is a list of films and filmstrips especially suited for use in training programs that focus on the problems of alcohol abuse among American Indians. In addition to titles, the list includes a brief synopsis of each film, the source from which it can be obtained, rental and purchase prices, and our rating of the quality of the film.

BITTER WIND Film, 1963, 30 minutes, color, TV/No; Indian groups; SALE: $165; Rent: West of Mississippi River only - $7 or $14/Contact source; Sale & Rent: Department of Audio-Visual Communication, Brigham young University, Provo, Utah 84601 (801) 374-1211. Billy's early life on the reservation was a happy time. The teachings of his parents and the stories of his older relatives were meaningful and important to him. But when his father began to spend more time drinking than he did at home and when his mother also began to drink, Billy realized he could not return to the happy, uncomplicated days of the past. While away from home attending a Christian school for Indians, he realizes that although the effects of liquor have broken up his family and brought hunger to his younger brother and sister, the Christian principles concerning personal responsibility offer an alternative way of life. Determined to reunite his scattered family, he returns to the Navajo reservation and, with the aid of two young missionaries, brings his family together again, helping his parents with their difficult fight against the illness of alcoholism. **Rating: Excellent**

MY FRIEND (Self Incorporated Series) Films or videocassettes, 1975, 15 minutes, color; TV/Source; Youth, ages 9-13; SALE: Film $180, videocassette, $125; RENT: Preview only; Sale & Rent: Agency for Instructional Television, Box A, Bloomington, Indiana 47401, (812) 339-2203. Virgil, a young Navajo, and Eddie, a young Caucasian, have been friends for years. They live in a sparsely settled area of Utah where they have fished and hunted, played games, helped each other with chores, and had the run of each other's homes. As they leave their rural elementary school and begin junior high, both sense that their close relationship may change. That prophecy is fulfilled as both boys are pressured by their ethnic groups to stay away from each other. The purpose of this program is to help students understand that people often feel the need for an ethnic identity and to encourage them to appreciate the qualities that are common to all human beings.
Rating: Excellent

TEN WEAPONS AGAINST INDIAN ALCOHOLISM: Filmstrips, 1975, variable lenghts, Discussion Guide & Cassettes TV/Source; Indian groups; SALE: $150 for complete set or may be broken down into individual sections, see price for each section. RENT: Preview Only; Sale & Rent: Brigham Young University, Media Marketing, W-STAD, Provo,Utah 84602; (801) 374-1211

COMMUNITY RESOURCES (Two filmstrip set on organizing resources) $40. The first two filmstrips deal with two important community organizations that play two essential roles in preventing and

combatting Indian alcoholism. Individual titles in this series are "Before It's Too Late," and "The Community Alcoholism Coordinating Council.

PREVENTING ALCOHOLISM: (Three filmstrip set on prevention) $50. These filmstrips stress some workable ways that young people and pre-alcoholic adults can effectively avoid drinking. Individual titles in the series are "To Say No," "Another Way," and "Taking The Hard Way."

TREATING ALCOHOLISM (Five filmstrip set on treatment) $75 These filmstrips guide those involved in treating Indian alcoholics. Their roles are defined and practical help is suggested. Individual titles in this series are "The Recovery Center," "A Commitment to Sobriety: Antabuse," "Try for Tomorrow," "Want to Live," and "Courage to Change The Things I Can.
Series Rating: Very Good

The remaining films on the list are produced by and available from: Western Region Alcoholism Training Center, 1093 Annex, University of Utah, Salt Lake City, Utah 84112

WHY DO PEOPLE DRINK? Filmstrip, 15½ minutes, All ages, including children, SALE: $14.55. When young Ernie Grey-Fox asks, "Why do people drink?" Grandfather comes up with six possible reasons, including: to gain acceptance, to escape, etc. **Rating: Good**

SHOULD WE Filmstrip, 10½ minutes, All ages, SALE: $15.65. When choosing whether to drink or not, a young man take many things into consideration, like the safety of his wife and children and the fact that he likes to drink to fit in with his friends. Johnson Tom discusses his many reasons for and against drinking and asks, "What should I do?" **Rating: Good**

WITH OUR PERMISSION Filmstrip, 12 minutes; High school to adult; SALE: $16.30. Responsibility? What about a young drop-out arrested for vandalism? Is he the only one to blame? Or a drunk driver who has just come from a party where the host "never let you see the bottom of your glass"? Who is responsible? A police sergeant illustrates that part of the responsibility rests with the non-abusers, who intentionally or not let the abuser destroy his life and the life of others. **Rating: Fair**

WHAT IS ALCOHOLISM? Filmstrip or slides, 11 minutes/75 frames; Senior high through adult; SALE: Filmstrip $13.20; slides $24.00 In the past there have many ways to view alcohol abuse. Drunkenness has been and is an integral part of many societies and cultures. But today we realize that more than anything else, alcoholism is a tragedy. But what is it? A disease? A habit? prevention begins with a clear understanding of the answers to questions like these, discussed in an informative format. **Rating: Good**

MYTHS AND MISCONCEPTIONS Filmstrip or slides, 23 minutes/133 frames; Junior high through adult; SALE: Filmstrip $17.75; slides $31.50. Includes a question and answer session between students and alcohol education authorities and is intended to help dissolve many of the myths that surround alcohol in today's society, especially among the Indian peoples. **Rating: Good**

THE DANGEROUS YEARS OF JEREMY JENNECUTT Filmstrip or slides, 18 minutes/127 frames; Junior high through adult; SALE: Filmstrip $17.50, slides $31.00. This film follows a young man thrugh the stages of alcoholism from beginning to end. An alcoholic at 19, Jeremy Jennecutt and his adopted father discuss the early warning signs of physical addiction to alcohol and how they manifest themselves in the early stage drinker. Knowing these signs might help one recognize the problem before it causes catastrophe, as it did in Jeremy's case. **Rating: Good**

BILLIE-BE-DAMNED Filmstrip or slides, 18 minutes/98 frames; Senior high through adult; SALE: Filmstrip $18.15, slides $32.25. In search of an identity, Billie-Be-Damned grows from a disappointed child into a lonely, angry man whose only escape and consolation is the constant use of alcohol. His life is an endless stream of rejections, disappointments, and failures. Why? What could have been done to prevent it? What can be done to prevent more children from growing up like Billie-Be-Damned? **Rating: Excellent**

CHARLIE HALF-PINT Filmstrip or slides, 13 minutes/93 frames; Senior high through adult;

SALE: Filmstrip $17.15; slides $30.70. Charlie Half-Pint: A good person, good husband, good father. A hard worker. And in a matter of weeks, an abusive drinker. An example of how a personal crisis, in this case losing one's job, can result in escape in the form of abusive drinking. The subsequent rationalizations and feelings of guilt, resentment, and anxiety cause the escape itself to become a tremendous problem. **Rating: Good**

NEVER SAY DON'T Filmstrip, 12 minutes; Junior high through adult; SALE: $16.95 When little Tomasito gets very sick from drinking from an abandoned wine bottle, his father explains the why's of drinking, and not just the don'ts. To give a child advice and the responsibility to make his own decision assures him of his own importance and helps him to make his decision a wise one in the future. Filmed at San Juan Pueblo, New Mexico. **Rating: Good**

ONCE UPON A FAMILY Filmstrip or slides, 15 minutes/80 frames; Junior high through adult; SALE: Filmstrip $15.30; slides $27.50 What is a family? To a little girl who has lost her parents, that's an important question. And her grandmother's answer is equally important. An appealing story about the great spirit and the unity that surrounds us all as the Family of Man.
Rating: Very Good

HOME IS WHERE THE HEART IS Filmstrip or slides, 15½ minutes/80 frames; All age groups; SALE: Filmstrip $15.30; slides $27.50. Talking to his son, an old man retraces the steps of his life, and explains the reasons for the tragedy that separated his family: "Sitting here alone in the silence of this house, I heard the answers in the quiet voice of my grandfather . . . 'a man must do every hard thing there is to do for his family' . . .I was a coward. I ran away through the neck of a bottle. I had forgotten that I was Indian." Filmed at the Swinomish tribal Community, La Conner, Washington. **Rating: Good**

AS A TWIG IS BENT Filmstrip or slides, 14 minutes/80 frames; Adults SALE: Filmstrip, $15.00; slides, $27.25. A documentary based n the "clean-slate" theory of child development, which states that a child is at birth like a blank sheet of paper and learns totally through imitation and observtion of his environment. Thus, the drinking attitudes and patterns of those around him can easily influence him, and his own drinking habits may be a product of learned behavior. Narration.
Rating: Very Good

JACKIE AND THE CITY Filmstrip or slides, 8 minutes/76 frames; All groups, especially young people and parents; SALE: Filmstrip $16.75; slides $20.55. Alone, in a big city, when you're longing to be accepted, the last thing you want to be is different. So when Jackie finds herself among a group of people who drink, what does she do? She drinks. And she drinks too much. But Jackie finds another way — a youth organization where she can enjoy activities with other people without drinking. Can more youths find this kind of outlet in their own communities? **Rating: Good**

ALFRED'S REASONS FOR TEEN-AGE DRINKING Filmstrip or slides, 7 minutes/65 frames; Junior high through adult; SALE: Filmstrip $14.30; slides $17.55 When Alfred began to drink, people noticed him more. But Alfred noticed that he and his friends seemed to each have different reasons for getting drunk. They would fantasize about being things they really weren't, or would imitate the behavior of the adults they had seen. When Alfred decides to return to reality, and quit, people accept him just as well as when he drank, and he realizes that alcohol isn't necessary for social functioning. An encouragement for other young people to evaluate their own drinking habits and examine the validity of their reasons for drinking. Filmed in Salt River, Arizona.
Rating: Good

[NOTE: "TV/Source," contact supplier regarding use on television; "TV/No," may not be used on television.)